

Management, the same office that governs the health insurance of Federal employees and Members of Congress.

There is a part in this bill on tort reform. It sets up State grants to test alternatives to litigation.

In my remaining minute, let's don't forget the 31 million more people who are going to come in insured and how this, over time, is going to bring down the cost of Medicare. It is not going to cut Medicare. It is going to save Medicare. It is going to do that with efficiencies such as electronic records and accountable care organizations and emphasis on primary care physicians.

To conclude, what else does the bill do? It lowers the deficit over the next 10 years by \$132 billion. In the second 10-year period, it is going to lower it by up to \$1.3 trillion. That is serious deficit reduction.

On that happy note, I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. Let me thank Senator NELSON for his strong commitment to Medicare. I know of no Senator who fights harder for Medicare and for making prescription drugs more affordable to seniors than the Senator from Florida. He has contributed his great expertise as a former insurance commissioner to the provisions we have in this bill on cracking down on insurance company abuses, and he just went through some of them there. I thank my good friend Senator NELSON from Florida for all of his great input into this bill.

In a few minutes, the Senate will close its doors for a brief recess. When those doors reopen just after midnight, the Senate will reconvene for a historic purpose: to bring the promise of quality, affordable health care to millions of Americans. When those doors reopen, we who have the privilege of serving in this body will have the opportunity to vote for hope and opportunity and new help for working families who worry every day that their illness will cause them to go bankrupt.

Mr. President, I yield the floor.

#### AMENDMENTS SUBMITTED AND PROPOSED

SA 3284. Mr. GREGG submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table.

SA 3285. Mr. GREGG submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3286. Mr. GREGG submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3287. Mr. GREGG submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3288. Mr. REID submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3289. Mr. REID submitted an amendment intended to be proposed to amendment SA 3288 submitted by Mr. REID and intended to be proposed to the amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3290. Mr. REID submitted an amendment intended to be proposed by him to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3291. Mr. REID submitted an amendment intended to be proposed to amendment SA 3290 submitted by Mr. REID and intended to be proposed to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3292. Mr. REID submitted an amendment intended to be proposed by him to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3293. Mr. MCCAIN submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

#### TEXT OF AMENDMENTS

**SA 3284.** Mr. GREGG submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

#### TITLE —HEALTHY MOTHERS AND HEALTHY BABIES

##### SEC. 01. SHORT TITLE.

This title may be cited as the "Healthy Mothers and Healthy Babies Access to Care Act".

##### SEC. 02. FINDINGS AND PURPOSE.

###### (a) FINDINGS.—

(1) EFFECT ON WOMEN'S ACCESS TO HEALTH SERVICES.—Congress finds that—

(A) the current civil justice system is eroding women's access to obstetrical and gynecological services;

(B) the American College of Obstetricians and Gynecologists (ACOG) has identified nearly half of the States as having a medical liability insurance crisis that is threatening access to high-quality obstetrical and gynecological services;

(C) because of the high cost of medical liability insurance and the risk of being sued, one in seven obstetricians and gynecologists have stopped practicing obstetrics and one in five has decreased their number of high-risk obstetrics patients; and

(D) because of the lack of availability of obstetrical services, women—

(i) must travel longer distances and cross State lines to find a doctor;

(ii) have longer waiting periods (in some cases months) for appointments;

(iii) have shorter visits with their physicians once they get appointments;

(iv) have less access to maternal-fetal medicine specialists, physicians with the most experience and training in the care of women with high-risk pregnancies; and

(v) have fewer hospitals with maternity wards where they can deliver their child, potentially endangering the lives and health of the woman and her unborn child.

(2) EFFECT ON INTERSTATE COMMERCE.—Congress finds that the health care and insurance industries are industries affecting interstate commerce and the health care liability litigation systems existing throughout the United States are activities that affect interstate commerce by contributing to the high costs of health care and premiums for health care liability insurance purchased by health care system providers.

(3) EFFECT ON FEDERAL SPENDING.—Congress finds that the health care liability litigation systems existing throughout the United States have a significant effect on the amount, distribution, and use of Federal funds because of—

(A) the large number of individuals who receive health care benefits under programs operated or financed by the Federal Government;

(B) the large number of individuals who benefit because of the exclusion from Federal taxes of the amounts spent to provide them with health insurance benefits; and

(C) the large number of health care providers who provide items or services for which the Federal Government makes payments.

(b) PURPOSE.—It is the purpose of this title to implement reasonable, comprehensive, and effective health care liability reforms designed to—

(1) improve the availability of health care services in cases in which health care liability actions have been shown to be a factor in the decreased availability of services;

(2) reduce the incidence of "defensive medicine" and lower the cost of health care liability insurance, all of which contribute to the escalation of health care costs;

(3) ensure that persons with meritorious health care injury claims receive fair and adequate compensation, including reasonable noneconomic damages;

(4) improve the fairness and cost-effectiveness of our current health care liability system to resolve disputes over, and provide compensation for, health care liability by reducing uncertainty in the amount of compensation provided to injured individuals; and

(5) provide an increased sharing of information in the health care system which will reduce unintended injury and improve patient care.

##### SEC. 03. DEFINITIONS.

In this title:

(1) ALTERNATIVE DISPUTE RESOLUTION SYSTEM; ADR.—The term "alternative dispute resolution system" or "ADR" means a system that provides for the resolution of health care lawsuits in a manner other than through a civil action brought in a State or Federal court.

(2) CLAIMANT.—The term "claimant" means any person who brings a health care lawsuit, including a person who asserts or claims a right to legal or equitable contribution, indemnity or subrogation, arising out of a health care liability claim or action, and any person on whose behalf such a claim is asserted or such an action is brought, whether deceased, incompetent, or a minor.